City of Newport News Police Department

Citizen's Police Academy Application



Complete and return to:
Newport News Police Department
c/o Community Programs
9710 Jefferson Avenue
Newport News, VA 23605
(757) 928-4295

Please indicate by circling which session you are interested in attending:

Fall Session: September – December

Spring Session – February - May

Citizen's Police Academy The City of Newport News

Purpose:

The Citizen Police Academy provides an opportunity for citizens to learn firsthand about police operations. Through a series of lectures, field trips, and simulated activities, citizens are provided training similar to that of an actual police officer. The Academy is of benefit to the community and the department because it builds relationships and creates a cadre of citizens who are better informed about the reality of police work.

Format:

The academy runs for thirteen weeks with most classes held between **6:30 p.m. - 9:30 p.m.** on Thursday nights.

Location:

Unless otherwise specified, classes are conducted at the Police Headquarters (9710 Jefferson Avenue, Newport News, VA 23605). Some off-site visits are made to other relevant locations.

Instruction:

Instruction is provided by Police Department personnel.

Sample Curriculum:

- Overview of Department Operations and Organization
- Introduction to Community Oriented Policing
- Patrol Functions Traffic Control
- Firearms Operations
- Vice/Narcotics Operations
- Communications and the processing of calls for service

Qualifications for participation:

- Must be a minimum of 18 years of age.
- Must be either a Newport News resident, business owner, employed in the city or connected to the city in some way
- Must pass a criminal history background check.

PLEASE READ CAREFULLY BEFORE PROCEEDING:

Due to the sensitivity and classified nature of the material that will be shared with you during the CPA, it is essential each police academy applicant complete this application thoroughly and truthfully. It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing. This form must be typewritten or printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered. The information you provide in this application will remain confidential.

You are responsible for obtaining correct addresses, to include street address, state, and zip code.

Return the completed application to: **Newport News Police Department, Attention: Community Programs Division, 9710 Jefferson Avenue, Newport News, VA 23605.**

Personal Data

APPLICANT MUST BE 18 YEARS OF AGE TO APPLY. INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE PRINT OR TYPE.

PERSONAL:

Name:	Phone #	_ Phone #				
(First)	(Middle)	(Last)				
Present Address:	City:					
State:	Zip Code:					
Race: Sex: _	Height	Weight	Hair:	Eyes:		
Date of Birth	Place of Birth _		Soc.	Sec #		
Operator's License #		State	Expirat	ion Date:		
E-mail Address:						
Are you a resident of	the City of Newport	News?	How long?			

BACKGROUND

NOTE: A CONVICTION includes a guilty plea, payment of traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense.

An ARREST constitutes being taken into police custody. This also includes a warrant(s) for your arrest.

PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN THE NEWPORNEWS POLICE DEPARTMENT CITIZEN POLICE ACADEMY.						
If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.						
HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A TRAFFIC VIOLATION?IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN						
HAVE YOU EVER BEEN ARRESTED FOR A TRAFFIC OFFENSE (EXAMPLE: DUI, DRIVING UNDER SUSPENSION, DECLARATION OF HABITUAL OFFENDER, ETC.)?IF YES, EXPLAIN IN DETAIL SHOWING DATE, CHARGE, PLACE AND ACTION TAKEN						
HAVE YOU EVER ILLEGALLY <u>POSSESSED</u> ANY DRUG OR CONTROLLED SUBSTANCE THAT WAS NOT PRESCRIBED BY A MEDICAL PROFESSIONAL OR GIVEN TO YOU TO HOLD WHILE YOU WERE ACTING ON BEHALF OF, OR EMPLOYED TO DO SO, BY A LAW ENFORCEMENT AGENCY? YES NO						
HAVE YOU EVER <u>ILLEGALLY</u> SOLD, GIVEN, OR DISTRIBUTED ANY DRUGS OR CONTROLLED SUBSTANCES? YES NO						
HAVE YOU BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB IN THE PAST FIVE YEARS? IF YES, EXPLAIN						

EMPLOYMENT

knowledge.

LIST INFORMATION ON THE LAST TWO JOBS YOU HAVE HELD (STATE RETIRED, UNEMPLOYED, HOUSEWIFE, ETC. IF APPLICABLE)

PRESENT EMPLOYI	ER:	DATE HIRED:		
		PHONE:		
SUPERVISOR:		YOUR TITLE:		
PREVIOUS EMPLOY	'ER:	DATE HIRED:		
		PHONE:		
		YOUR TITLE:		
PERSONAL REFER	<u>ENCES</u>			
	NAME, ADDRESS AND CO I YOUR BEHALF IN CASE (ONTACT INFORMATION FOR SO OF EMERGENCY:	OMEONE	
Name:	Address:	Phone #:		
		the information you have disclos and truthful. If you are unsur		
		clarify it with a police de		
		nt. Any misrepresentation give		
applicant will result i	n the denial of the applica	ant's request to participate in the	Newport	
News Citizen Police	Academy. We ask that you	provide, without omission whatso	ever, any	
and all information re	quested.			
Signature:		Date:		
		given is true and accurate to the b		
i, the above signed, t	Jeruny unal une mnomnation g	inversio inde and accurate to the b	rest of filly	

Release of Information AUTHORIZATION

I understand that the Newport News Police Department will be performing a criminal background and driving history check on me with reference to my application for the Citizen Police Academy.

I hereby authorize the Newport News Police Department to have access to any and all driving record information and criminal information as it pertains to me. I understand that the Newport News Police Department considers any such information confidential and will not be released to me.

I further authorize the release of any information that is required to clarify my criminal background investigation, be it from any of the following:

- Personal references or any person(s) having knowledge regarding my character or reputation;
- Any past or present employer (to include the U.S. Armed Forces, Maritime Service, Veteran Administration, or U.S. Selective Service);
- Any Judge, Court, or Magistrate;
- Any State, Local, or Federal Law Enforcement Agency;
- Any Attorney-at-Law or other legal entity handling any criminal or traffic-related case related to me;
- Any State, Local, City or County Agency

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain my original signature.

Applicant Signature	Date	